



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF COMMUNITY AND PUBLIC HEALTH

TUBERCULOSIS ELIMINATION, COHORT REVIEW PRESENTATION

COUNTY		PRESENTATION DATE / /		DIAGNOSIS DATE / /		RVCT #
PRIMARY CASE MANAGER			CONTACT INVESTIGATOR		TREATING PHYSICIAN	
SECTION 1: PATIENT INFORMATION						
AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE LPHA NOTIFIED / /		DATE PATIENT INTERVIEWED / / If not 3 days, why?		
COUNTRY OF BIRTH		ARRIVAL DATE (IF FOREIGN BORN) / /	HIV STATUS <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Patient Refused Testing <input type="checkbox"/> Tested - Date Tested: / / <input type="checkbox"/> Physician Declined			
RISK FACTORS (CHECK ALL THAT APPLY)						
<input type="checkbox"/> None <input type="checkbox"/> Foreign Born <input type="checkbox"/> Correctional Facility Resident/Worker <input type="checkbox"/> Long Term Care Resident/Worker <input type="checkbox"/> Contact <input type="checkbox"/> International Travel <input type="checkbox"/> Military <input type="checkbox"/> HCW <input type="checkbox"/> Homeless <input type="checkbox"/> Immunocompromised (Is patient on treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> TNF Alpha Treatment <input type="checkbox"/> Diabetic <input type="checkbox"/> Hepatitis <input type="checkbox"/> End State Renal Disease <input type="checkbox"/> Organ Transplant <input type="checkbox"/> Incomplete LTBI Treatment <input type="checkbox"/> Excessive Alcohol Use <input type="checkbox"/> Injectable Drug Use <input type="checkbox"/> Non-injectable Drug Use <input type="checkbox"/> Other						
IF PATIENT IS A CHILD 5 YEARS OLD OR YOUNGER: SOURCE CASE INVESTIGATION COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No				SOURCE CASE IDENTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No		RELATIONSHIP
SECTION 2: DIAGNOSTIC INFORMATION						
TST mm, placed on: / /		INITIAL CXR DATE / /		CT SCAN DATE / /		
IGRA DATE / /		IGRA RESULTS		CXR RESULTS <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Cavitory: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SPUTUM SMEAR RESULTS AT DIAGNOSIS		MICROSCOPIC RESULTS AT DIAGNOSIS		CULTURE RESULTS AT DIAGNOSIS		
SPUTUM COLLECTION DATE / /		MICROSCOPIC COLLECTION DATE / /		CULTURE COLLECTION DATE / /		
SPUTUM SOURCE		MICROSCOPIC SOURCE		CULTURE SOURCE		
DRUG RESISTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, resistant to: <input type="checkbox"/> INH <input type="checkbox"/> RIF <input type="checkbox"/> PZA <input type="checkbox"/> EMB <input type="checkbox"/> FQN						
SECTION 3: TREATMENT COMPLETION INFORMATION						
TREATMENT START DATE / /		TREATMENT COMPLETION DATE (WITHIN 366 CALENDAR DAYS) <input type="checkbox"/> Yes <input type="checkbox"/> No		SPUTUM CONVERSION <input type="checkbox"/> Yes <input type="checkbox"/> No		CULTURE CONVERSION <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLECTION DATE OF FIRST OF 3 CONSECUTIVE NEGATIVE AFB SPUTUM SMEAR / /			COLLECTION DATE OF FIRST OF 2 CONSECUTIVE NEGATIVE MYCOBACTERIUM TB (MTB) SPUTUM CULTURE / /			
NUMBER OF RECOMMENDED DOSES			NUMBER OF DOSES TAKEN DOT: SAT:			
IF NOT ON DOT, EXPLAIN						
<input type="checkbox"/> Did not complete treatment		TOTAL NUMBER OF DOSES TAKEN WHEN TREATMENT ENDED				
REASON TREATMENT WAS NOT COMPLETED (CHECK ALL THAT APPLY) <input type="checkbox"/> Refused <input type="checkbox"/> Lost <input type="checkbox"/> Died <input type="checkbox"/> Diagnosed at Death <input type="checkbox"/> Adverse Reaction <input type="checkbox"/> Provider Decision <input type="checkbox"/> Moved - Where: Date of Jurisdictional Referral: / /						
INCENTIVES USED OR OFFERED <input type="checkbox"/> Yes <input type="checkbox"/> No			ENABLERS USED OR OFFERED <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, PLEASE EXPLAIN THE INCENTIVE(S) USED/OFFERED			IF YES, PLEASE EXPLAIN THE ENABLER(S) USED/OFFERED			
IF NO, PLEASE EXPLAIN WHY NOT			IF NO, PLEASE EXPLAIN WHY NOT			

SECTION 4: CONTACT INVESTIGATION RESULTS

NUMBER OF CONTACTS IDENTIFIED	NUMBER OF CONTACTS *COMPLETELY EVALUATED
NUMBER OF CONTACTS IDENTIFIED AS ACTIVE TB DISEASE	NUMBER OF CONTACTS WITH LTBI
NUMBER OF CONTACTS THAT STARTED TREATMENT FOR LTBI	NUMBER OF CONTACTS STARTED ON WINDOW PROPHYLAXIS

NUMBER OF CONTACTS OLDER THAN 5 YEARS

LTBI TREATMENT REGIMEN

TREATMENT	NUMBER STARTED	NUMBER COMPLETED
Isoniazid		
Rifampin		
3HP		

NUMBER OFFERED 3 HP

NUMBER OF CONTACTS THAT DID NOT COMPLETE TREATMENT FOR LTBI

STILL ON TREATMENT	ADVERSE REACTIONS	DIED	LOST	MOVED	REFUSED	PROVIDER DECISION
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OTHER (PLEASE EXPLAIN)

PERCENTAGE OF CONTACTS INFECTED

Formula: $\frac{\text{Number of Contacts Infected} - \text{Prior Positives}}{\text{Number Evaluated} - \text{Prior Positives}} \times 100\%$

IF EQUAL TO OR GREATER THAN 40%, WAS CONTACT INVESTIGATION EXPANDED?
 Yes No

IF CONTACT INVESTIGATION WAS NOT EXPANDED, PLEASE EXPLAIN WHY

ADDITIONAL COMMENTS

NAME OF PERSON COMPLETING FORM

- *Completely Evaluated -**
- I. If contact's last exposure to index case was less than 8-10 weeks at the time of their initial TST or IGRA being administered then:
 - ▶ The TST or IGRA must be repeated 8 to 10 weeks after their last exposure to the index case
 - II. If either of their TSTs or IGRAs are positive then:
 - ▶ A medical evaluation by a licensed provider is required, And
 - ▶ A chest x-ray PA (PA/lateral for children younger than 15 years old), And
 - ▶ If symptomatic, three sputum examinations for acid fast bacilli at least 8 hours apart, And
 - ▶ The presence of active TB disease must be excluded before initiating LTBI treatment